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| Under the Ps   | perwork Reduction Act of   | [ 1995_0o person      | U.S<br>On a great or period to respond to a  | S. Patent and I | Tradomari         | k Office: I   | PTO/SB/21 (09-04)<br>through 07/31/2008. OMB 0851-0031<br>U.S. DEPARTMENT OF COMMERCE<br>deplays a valid OMB control number. |  |
|--|--|-----------------------|--|-----------------|-------------------|---|--|--|
|  |  |                       | Application Number   | 09/800,31       |                   |   |  |  |
| TRANSMITTAL<br>FORM  |  |                       | Filing Date  | 03/06/200       | 03/06/2001        |   |  |  |
|  |  |                       | First Named Inventor   | Radatti, P      | Radatti, Peter V. |   |  |  |
|  |  |                       | Art Unit   | 2131            | 2131              |   |  |  |
| (to be used for all correspondence after unitial filing)   |  |                       | Examiner Name  | Jackson, .      | Jackson, Jenise   |   |  |  |
| Total Number of Pages in This Submission 6   |  | Altomay Docket Number | f 17-00  | 17-00           |                   |   |  |  |
| ENCLOSURES (Check all that apply)  |  |                       |  |                 |                   |   |  |  |
| Amendm A A Extension   | amilitat Form  ee Attached  ent/Reply  fter Final  ffidavits/declaration(s)  of Time Request  Abandonment Reques |                       | Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation  Change of Correspondence Address  Ferminal Disclalmer  Request for Refund |                 |                   | Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): |  |  |
| Information Disclosure Statement  CD. Number of CD(s)  Landscape Table on CD  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Raply to Missing Parts under 37 CFR 1.52 or 1.53  |  |                       |  |                 |                   |   |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |                       |  |                 |                   |   |  |  |
| Firm Name<br>Signature   | Joseph E. Chovaries  | , Esq.                |  |                 |                   |   |  |  |
|  | 1  |                       |  |                 |                   |   |  |  |
| Printed name   | Printed name Joseph E. Choyanes  |                       |  |                 |                   |   |  |  |
| Date   | 9/19/05 F  |                       |  | Risg. No.       | Reg. No. 33,481   |   |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING  I hareby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as EXPRESS mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |  |                       |  |                 |                   |   |  |  |
| Signature  |  |                       |  |                 |                   |   |  |  |
| Typed or printed   |  |                       |  | Date            | 09/19/2005        |   |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which late file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including generating, preparing, and assembling line completed application form to the USPTO. Time will vary depending upon the includinal case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2005, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Psychwark Raduction Act of 1995, no nember are required to respond to a collection of inf admun linima PMO bilav e svetasih h e Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Complete if Known Application Number 09/800,314 FEE TRANSMITTAI Filing Date 03/06/2001 For FY 2005 First Named Inventor Radatti, Peter V. Examiner Name Jackson, Jenise Applicant claims small entity status. See 37 CFR 1.27 Art Unit **TOTAL AMOUNT OF PAYMENT** 510.00 Attorney Docket No 17-00 METHOD OF PAYMENT (check all that apply) Check 🗹 Credit Card | Money Order Other (please identify) Deposit Account. Deposit Account Number For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Feo (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (5) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 500 150 250 600 300 Provisional 200 100 ٥ 0 0 EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Foa (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Foo Paid (\$) **Multiple Dependent Claims** - 20 or HP = 0 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20, Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0 HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(d) and 37 CFR 1.16(s).

Total Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): THREE-MONTH EXT. OF TIME \$510,00 SUBMITTED BY Registration No. 33,481 Telephone 610.648.3994 Signature Name (Print/Type) Joseph E. Chovanes Date 09/19/2005

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